

RESPONSIBILITY AGREEMENT

Member Name	Mary Christmas	Case Manager	Autumn Rayne
Date	4/1/21	RN	June Moon

This is intended for examples only.

I, **Mary Christmas**, and **Autumn Rayne** and **June Moon** have entered into a formal responsibility agreement. The provider agency has discussed the Aged and Disabled policy 501.29 Rights and Responsibilities with me. I understand that as a member on the ADW program, I must meet the member responsibilities which includes maintaining a safe environment for my worker or those who enter the home and maintain compliance with the ADW program.

I understand that I, Mary Christmas agree to the following to ensure a safe environment in my home and compliance with the program, by **June 30,2021**.

Examples:

Unsafe: Refrain from screaming at my worker (or treat my work with respect). Do not call the worker names or cuss at them. Do not have others in the home while the worker is there. Not allow alleged illegal activities in the home while the worker is in the home.

Noncompliant: Sign worksheets, turn in worksheets, allow CM in the home, answer the door for the worker, allow assistance with care, refrain from firing workers, do not destroy the worksheet, participate in EVV, respond to phone calls from the CM, let the office know you have a doctor’s appointment, etc.

I understand that failure to maintain a safe environment for agency employees or compliance with the program may result in an agency request for discontinuation of services. Therefore, I agree to keep my home safe for my workers. I will comply with the ADW program.

Signatures

Member	Date
Case Manager	Date
RN or Resource Consultant	Date
Other	Date